

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 19-JUN-2016		TIME 21:04:00	2. ADDRESS OF OCCURRENCE 1614 N WASHTENAW AVE CHICAGO, IL 60647		3. LOCATION CODE 304	4. BEAT/OCCUR 1421	5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BW <input checked="" type="checkbox"/> 02 IN-CAR CAMER <input type="checkbox"/> 03 OTHER REPT VIDEO																																																																																				
MEMBER INVOLVED <input type="checkbox"/> DNA SUBJECT INFORMATION	6. POSITION 9161	7. LAST NAME JAROSZ	8. FIRST NAME RENATA M	9. STAR NO. 17825	10. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	11. RACE CODE WHI	12. HT. 508	13. WT. 125																																																																																			
	14. DATE OF APPT. 01-MAY-2006	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 003 4312A	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																																					
	20. LAST NAME GONZALEZ	21. FIRST NAME ORLANDA	22. M.I. J	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE WWH	25. D.O.B. 23-NOV-1997	26. HT. 509	27. WT. 140																																																																																			
	28. ADDRESS 4159 W ADDISON ST CHICAGO, IL 60641			29. TELEPHONE NO.	30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																																																																				
	32a. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None			33. WHERE WAS MEDICAL TREATMENT OBTAINED?																																																																																							
	34. BY WHOM?				35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																																																																																						
	36. CHARGES PLACED				37. CB NO. 19330162	38. IR NO.	39. DNA																																																																																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">PASSIVE RESISTER</th> <th colspan="2">ACTIVE RESISTER</th> <th colspan="2">ASSAILANT:ASSAULT</th> <th colspan="2">ASSAILANT:BATTERY</th> <th colspan="2">ASSAILANT:DEADLY FORCE</th> </tr> </thead> <tbody> <tr> <td>DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/></td> <td>FLED <input checked="" type="checkbox"/></td> <td>IMMINENT THREAT OF BATTERY <input type="checkbox"/></td> <td>PULLED AWAY <input checked="" type="checkbox"/></td> <td>OTHER _____</td> <td>ATTACK WITH WEAPON <input checked="" type="checkbox"/></td> <td>ATTACK WITHOUT WEAPON <input type="checkbox"/></td> <td>OTHER _____</td> <td>USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON <input checked="" type="checkbox"/></td> </tr> <tr> <td>STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/></td> <td>OTHER _____</td> <td>PERCEIVED AS _____</td> <td>OTHER _____</td> <td>PERCEIVED AS _____</td> <td>PERCEIVED AS _____</td> <td>PERCEIVED AS _____</td> <td></td> <td>OTHER _____</td> </tr> <tr> <td>MEMBER PRESENCE <input checked="" type="checkbox"/></td> <td>OPEN HAND STRIKE <input type="checkbox"/></td> <td>ELBOW STRIKE <input type="checkbox"/></td> <td>TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/></td> <td>KNEE STRIKE <input type="checkbox"/></td> <td>FIREARM <input type="checkbox"/></td> <td>VERBAL COMMANDS <input checked="" type="checkbox"/></td> <td>CLOSED HAND STRIKE/PUNCH <input type="checkbox"/></td> <td>KICKS <input type="checkbox"/></td> </tr> <tr> <td>ESCORT HOLDS <input type="checkbox"/></td> <td>OC CHEMICAL WEAPON <input type="checkbox"/></td> <td>IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/></td> <td>CANINE <input type="checkbox"/></td> <td>IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/></td> <td>OTHER _____</td> <td>WRESTLOCK <input type="checkbox"/></td> <td>TASER (Probe Discharge) <input type="checkbox"/></td> <td>OTHER _____</td> </tr> <tr> <td>ARMBAR <input type="checkbox"/></td> <td>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/></td> <td>TASER (Contact Stun) <input type="checkbox"/></td> <td>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/></td> <td>TASER (ARC Cycle) <input type="checkbox"/></td> <td>OTHER _____</td> <td>PRESSURE SENSITIVE AREAS <input type="checkbox"/></td> <td>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/></td> <td>TASER (Spark Disposed) <input type="checkbox"/></td> </tr> <tr> <td>CONTROL INSTRUMENT <input type="checkbox"/></td> <td>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/></td> <td>IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/></td> <td>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/></td> <td>TASER (Spark Disposed) <input type="checkbox"/></td> <td>OTHER _____</td> <td>OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/></td> <td>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/></td> <td>OTHER _____</td> </tr> <tr> <td>LRAD WITH AUTHORIZATION <input type="checkbox"/></td> <td>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/></td> <td>OTHER _____</td> </tr> <tr> <td>OTHER _____</td> </tr> </tbody> </table>									PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input checked="" type="checkbox"/>	IMMINENT THREAT OF BATTERY <input type="checkbox"/>	PULLED AWAY <input checked="" type="checkbox"/>	OTHER _____	ATTACK WITH WEAPON <input checked="" type="checkbox"/>	ATTACK WITHOUT WEAPON <input type="checkbox"/>	OTHER _____	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON <input checked="" type="checkbox"/>	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>	OTHER _____	PERCEIVED AS _____	OTHER _____	PERCEIVED AS _____	PERCEIVED AS _____	PERCEIVED AS _____		OTHER _____	MEMBER PRESENCE <input checked="" type="checkbox"/>	OPEN HAND STRIKE <input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input type="checkbox"/>	VERBAL COMMANDS <input checked="" type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>	ESCORT HOLDS <input type="checkbox"/>	OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	CANINE <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	OTHER _____	WRESTLOCK <input type="checkbox"/>	TASER (Probe Discharge) <input type="checkbox"/>	OTHER _____	ARMBAR <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	TASER (Contact Stun) <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	TASER (ARC Cycle) <input type="checkbox"/>	OTHER _____	PRESSURE SENSITIVE AREAS <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	TASER (Spark Disposed) <input type="checkbox"/>	CONTROL INSTRUMENT <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	TASER (Spark Disposed) <input type="checkbox"/>	OTHER _____	OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	OTHER _____	LRAD WITH AUTHORIZATION <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	OTHER _____															
	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE																																																																																		
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input checked="" type="checkbox"/>	IMMINENT THREAT OF BATTERY <input type="checkbox"/>	PULLED AWAY <input checked="" type="checkbox"/>	OTHER _____	ATTACK WITH WEAPON <input checked="" type="checkbox"/>	ATTACK WITHOUT WEAPON <input type="checkbox"/>	OTHER _____	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON <input checked="" type="checkbox"/>																																																																																		
STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>	OTHER _____	PERCEIVED AS _____	OTHER _____	PERCEIVED AS _____	PERCEIVED AS _____	PERCEIVED AS _____		OTHER _____																																																																																			
MEMBER PRESENCE <input checked="" type="checkbox"/>	OPEN HAND STRIKE <input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input type="checkbox"/>	VERBAL COMMANDS <input checked="" type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>																																																																																			
ESCORT HOLDS <input type="checkbox"/>	OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	CANINE <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	OTHER _____	WRESTLOCK <input type="checkbox"/>	TASER (Probe Discharge) <input type="checkbox"/>	OTHER _____																																																																																			
ARMBAR <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	TASER (Contact Stun) <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	TASER (ARC Cycle) <input type="checkbox"/>	OTHER _____	PRESSURE SENSITIVE AREAS <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	TASER (Spark Disposed) <input type="checkbox"/>																																																																																			
CONTROL INSTRUMENT <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	TASER (Spark Disposed) <input type="checkbox"/>	OTHER _____	OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	OTHER _____																																																																																			
LRAD WITH AUTHORIZATION <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	OTHER _____	OTHER _____	OTHER _____	OTHER _____	OTHER _____	OTHER _____	OTHER _____																																																																																			
OTHER _____	OTHER _____	OTHER _____	OTHER _____	OTHER _____	OTHER _____	OTHER _____	OTHER _____	OTHER _____																																																																																			
40c. OC/CHMICAL WEAPON AUTHORIZED BY (NAME)			RANK	STAR NO.	UNIT NO.	40. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																																																																					
40a. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			40b. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			40c. DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input checked="" type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member																																																																																					
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER			42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR																																																																																				
49. TASER DART ID NO.			50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.																																																																																		
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		58. TOTAL NO. OF SHOTS MEMBER FIRED																																																																																			
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDCUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																																																																																			
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																																																																																			
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 07 NONE <input type="checkbox"/> 08 ANY OTHER COMBINATION		69. ADDITIONAL INFORMATION		70. ADDITIONAL INFORMATION		71. RD NO. HZ314835		72. EVENT NO. 1617116023																																																																																			

LOCAL 1081059
Attached 11

CASE INFORMATION	NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE	70. EVENT NO 1617116023
	NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC	
SIGNATURES	NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input type="checkbox"/> OEMC	
	Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.	
40. ADDITIONAL INFORMATION		
73. REPORTING MEMBER (Print Name) JAROSZ, RENATA M 20-JUN-2016 04:04:53		STAR/EMPLOYEE NO. 17825 [REDACTED] SIGNATURE [REDACTED]
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.		
74. REVIEWING SUPERVISOR (Print Name) HALLIHAN, JOSEPH F		STAR NO. 2211 [REDACTED] SIGNATURE [REDACTED] DATE REVIEWED 20-JUN-2016 04:08:40 TIME 20-JUN-2016 04:08:40
		75. R.D. NO. HZ314835

Additional discharged weapons:

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEWING AND APPROVAL OF ALL TRR'S FROM THE SAME INCIDENT: 1. THE EXEMPT LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRR'S FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. 3. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

76. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

Subjects actions caused members response which was in compliance with Department procedures and directives.

77. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

78. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

I HAVE CONCLUDED THIS INVESTIGATION FALLS UNDER THE INVESTIGATION AUTHORITY OF THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA).

LOG NO. _____ OBTAINED

BASED ON THE INFORMATION THAT I HAVE REVIEWED, I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE RE

IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

79. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

ZAHN, DAVID R

80.

TRR

OF

TRR(S)

81. TOTAL TRR's THIS EVENT NO.

2

SIGNATURE

DATE COMPLETED TIME

20-JUN-2016 04:13:26